

## CHAPTER 13 SECTION 6.9

### HOSPITAL REIMBURSEMENT - OUTPATIENT SERVICES

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#### I. APPLICABILITY

This policy is mandatory for reimbursement of services provided by either network or non-network providers. However, alternative network reimbursement methodologies are permitted when approved by TMA and specifically included in the network provider agreement.

#### II. ISSUE

How are outpatient hospital services to be reimbursed?

#### III. POLICY

A. Since there is not a payment reimbursement system developed for outpatient hospital services, billed charges are used in the payment of such services.

B. Exceptions to the Policy in [paragraph A.](#) above:

When the claim has sufficient HCPCS (Levels - I, II, III) coding information, services are to be processed using existing allowable charges. These services could include professional services that have CMAC pricing ([Chapter 13, Section 1.3](#)); ambulance services, durable medical equipment (DME) and supplies, and oxygen and related supplies that have area prevailing charges ([Chapter 13, Section 1.2](#)); and anesthesia services that have a allowable charges ([Chapter 13, Section 3.1](#)).

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